#### **Application Data Sheet**

#### **Application Information**

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit:: : CD-ROM or CD\_R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence Submission:: No

Computer Readable Form (CRF)?:: No Title:: NON-HYGROSCOPIC PHARMACEUTICAL

COMPOSITIONS CONTAINING NON-HYDRATED

QUINOLINE CARBOXYLIC ACIDS

Attorney Docket Number:: 08788.0029US01

Request For Early Publication:: No

Request For Non-Publication:: No

Suggested Drawing Figure::

**Total Drawing Sheets::** 1

Small Entity:: No

Latin Name::

Variety Denomination Name::

Petition Included:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

#### **Applicant Information**

Applicant Authority Type::

Inventor

Primary Citizenship Country::

**JORDAN** 

Status::

**Full Capacity** 

Given Name::

Adnan

Middle Name::

Family Name::

**BADWAN** 

Name Suffix::

City of Residence::

Amman

State or Province of Residence::

Country of Residence::

**JORDAN** 

Street of mailing address::

P.O. Box 851674

City of mailing address::

Amman

State or Province of mailing address::

Country of mailing address::

**JORDAN** 

Postal or Zip Code of mailing address:: 11185

### **Applicant Information**

Applicant Authority Type::

Inventor

Primary Citizenship Country::

**JORDAN** 

Status::

**Full Capacity** 

Given Name::

Lina

Middle Name::

Najati

Family Name::

**NABULSI** 

Name Suffix::

City of Residence::

Amman

State or Province of Residence::

Country of Residence::

**JORDAN** 

Street of mailing address::

P.O. Box 925400

Initial

03/09/04

City of mailing address::

Amman

State or Province of mailing address::

Country of mailing address::

**JORDAN** 

Postal or Zip Code of mailing address:: 11110

**Applicant Information** 

Applicant Authority Type::

Inventor

**Primary Citizenship Country::** 

**JORDAN** 

Status::

**Full Capacity** 

Given Name::

Mahmoud

Middle Name::

M.

Family Name::

Omari

Name Suffix::

City of Residence::

**Amman** 

State or Province of Residence::

Country of Residence::

**JORDAN** 

Street of mailing address::

P.O. Box 836

City of mailing address::

Amman

State or Province of mailing address::

Country of mailing address::

**JORDAN** 

Postal or Zip Code of mailing address:: 11821

**Correspondence Information** 

Correspondence Customer Number::

23552

Representative Information

Representative Customer Number::

23552

# Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
EP	03006160.0	03/19/03	Yes

# **Assignee Information**

Assignee Name::

The Jordanian Pharmaceutical Manufacturing Co.

Street of mailing address::

City of mailing address::

Naor

State or Province of mailing address::

Country of mailing address::

**JORDAN** 

Postal or Zip Code of mailing address:: 11710